

To:

Prenatal Care
Coordination
Providers

HMOs and Other
Managed Care
Programs

Changes to local codes and paper claims for child care coordination services as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces important changes to local codes and paper claims for child care coordination (CCC) services, effective October 2003, as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). These changes include:

- Adopting nationally recognized codes to replace currently used Wisconsin Medicaid local codes.
- Revising CMS 1500 paper claim instructions.

A future *Update* will notify providers of the specific effective dates for the various changes.

Changes as a result of HIPAA

This *Wisconsin Medicaid and BadgerCare Update* introduces important billing changes for child care coordination (CCC) services. These changes will be implemented in October 2003 as a result of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). A future *Update* will notify providers of the specific effective dates for the various changes. These changes are not policy or coverage related (e.g., documentation requirements). These changes include:

- Adopting nationally recognized procedure codes, place of service (POS) codes, and

modifiers to replace currently used Wisconsin Medicaid local codes.

- Revising CMS 1500 paper claim instructions.

Note: Use of the newly adopted national codes or revised paper claim instructions prior to implementation dates may result in claim denials. Specific implementation dates will be published in a future *Update*.

Adoption of national codes

Wisconsin Medicaid will adopt nationally recognized medical codes to replace currently used Wisconsin Medicaid local codes for CCC services.

Allowable procedure codes

Wisconsin Medicaid will adopt Healthcare Common Procedure Coding System (HCPCS) procedure code T1016 — Case management, each 15 minutes — to replace currently used Wisconsin Medicaid local procedure codes (W7095-W7097) for CCC services. Instead of using a local procedure code, CCC providers will now use one procedure code, T1016, with one of three modifiers to indicate the services performed. Refer to Attachment 1 of this *Update* for a procedure code conversion chart and revised CCC maximum allowable fees.

Keep in mind that the maximum allowable fees are the proposed fees and may be subject to change. Wisconsin Medicaid will notify providers if the fees change from those printed in this *Update*.

Modifiers

Modifiers “00”-“30”, currently used to indicate a recipient’s total risk-assessment score, will no longer be valid for CCC services. Wisconsin Medicaid will recognize three locally defined HCPCS modifiers (“U1,” “U2,” and “U3”) for CCC services. Modifier descriptions for Medicaid CCC services are as follows:

- Modifier “U1” — Assessment. Use this modifier when billing for the initial, comprehensive assessment.
- Modifier “U2” — Initial care plan development. Use this modifier when billing for the initial care plan development.
- Modifier “U3” — Ongoing child care coordination and monitoring. Use this modifier when billing for ongoing activities, including updates to the assessment and care plan.

Diagnosis codes

Providers will continue to use diagnosis code V61.8 (other specified family circumstances) when submitting claims for recipients who score 70 points or more on the Family Questionnaire, or V61.9 (unspecified family circumstances), for recipients who score fewer than 70 points.

Type of service codes

Type of service codes will no longer be required on Medicaid claims.

Place of service codes

Nationally recognized two-digit POS codes will replace the one-digit POS codes used currently by Wisconsin Medicaid. Refer to Attachment 2

for a list of allowable POS codes for CCC services.

Time units

For all services provided, one unit of service will be equal to 15 minutes. Maximum allowable fees will be adjusted for the new time units. Refer to Attachment 3 for new rounding guidelines for CCC services.

Coverage for child care coordination services

Medicaid coverage and documentation requirements for CCC providers will remain unchanged. Refer to the Child Care Coordination Services Handbook and *Updates* for complete Medicaid policies and procedures.

Revision of CMS 1500 paper claim instructions

With the implementation of HIPAA, Medicaid-certified CCC providers will be required to follow the revised instructions for the CMS 1500 paper claim form in this *Update*, even though the actual CMS 1500 claim form is not being revised at this time. Refer to Attachment 4 for the revised instructions. Attachment 5 is a sample of a claim for CCC services that reflects the changes to the billing instructions.

Note: In some instances, paper claim instructions are different from electronic claim instructions. Providers should refer to their software vendor’s electronic billing instructions for completing electronic claims.

Revisions made to the CMS 1500 claim form instructions

Revisions made to the instructions for the CMS 1500 paper claim include the following:

- Place of service codes were revised (Element 24B).
- Type of service codes are no longer required (Element 24C).

Providers will continue to use diagnosis code V61.8 (other specified family circumstances) when submitting claims for recipients who score 70 points or more on the Family Questionnaire, or V61.9 (unspecified family circumstances), for recipients who score fewer than 70 points.

- Up to four modifiers per procedure code may be entered (Element 24D).

General HIPAA information

Refer to the following Web sites for more HIPAA-related information:

- www.cms.gov/hipaa/ — Includes links to the latest HIPAA news and federal Centers for Medicare and Medicaid Services HIPAA-related links.
- aspe.hhs.gov/admsimp/ — Contains links to proposed and final rules, links to download standards and HIPAA implementation guides, and frequently asked questions regarding HIPAA and the Administrative Simplification provisions.
- www.dhfs.state.wi.us/hipaa/ — Contains Wisconsin Department of Health and Family Services HIPAA-related publications, a list of HIPAA acronyms, links to related Web sites, and other valuable HIPAA information.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Procedure code conversion chart for child care coordination services

The following table lists the nationally recognized Healthcare Common Procedure Coding System (HCPCS) procedure codes that providers will be required to use when submitting claims for child care coordination services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Maximum allowable fees listed in this attachment are the proposed fees and may be subject to change. Wisconsin Medicaid will notify providers if the fees change from those printed in this *Update*.

Before HIPAA implementation		After HIPAA implementation			
Local procedure code	Local procedure code description	HCPCS procedure code	HCPCS procedure code description	Required modifier and description	Maximum allowable fee
W7095	Risk assessment — Child care coordination	T1016	Case management, each 15 minutes	U1 Assessment	\$10.70 each 15 minutes
W7096	Initial care plan development — Child care coordination	T1016*	Case management, each 15 minutes	U2 Initial care plan development	\$10.70 each 15 minutes
W7097	Ongoing care coordination and monitoring (two months to seven years old)	T1016*	Case management, each 15 minutes	U3 Ongoing child care coordination and monitoring	\$10.70 each 15 minutes

* Procedure code T1016 with modifier "U2" modifier and T1016 with modifier "U3" are only allowable if diagnosis code V61.8 (other specified family circumstances) is indicated.

ATTACHMENT 2

Place of service codes for child care coordination services

The table below lists the place of service (POS) codes that providers should use when submitting claims after implementation of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of HIPAA.

Place of service code	Description
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room — Hospital
31	Skilled Nursing Facility
32	Nursing Facility
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
54	Intermediate Care Facility/Mentally Retarded
71	State or Local Public Health Clinic
72	Rural Health Clinic
99	Other Place of Service

ATTACHMENT 3

Rounding guidelines for child care coordination services

Time units are calculated based on rounding accumulated minutes of service for the entire month. The following chart illustrates the rules of rounding and gives the appropriate billing unit.

Accumulated time	Unit(s) billed
1-5 minutes	.3
6-10 minutes	.7
11-15 minutes	1.0
16-20 minutes	1.3
21-25 minutes	1.7
26-30 minutes	2.0

ATTACHMENT 4

CMS 1500 claim form instructions for child care coordination services

(For claims submitted after HIPAA implementation)

Use the following claim form completion instructions, **not** the element descriptions printed on the claim form, to avoid denied claims or inaccurate claim payment. Complete all required elements as appropriate. Do not include attachments unless instructed to do so.

Wisconsin Medicaid recipients receive a Medicaid identification card upon being determined eligible for Wisconsin Medicaid. Always verify a recipient's eligibility before providing nonemergency services by using the Eligibility Verification System (EVS) to determine if there are any limitations on covered services and to obtain the correct spelling of the recipient's name. Refer to the Provider Resources section of the All-Provider Handbook or the Medicaid Web site at www.dhfs.state.wi.us/medicaid/ for more information about the EVS.

Element 1 — Program Block/Claim Sort Indicator

Enter claim sort indicator "P" in the Medicaid check box for the service billed.

Element 1a — Insured's I.D. Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters. Use the Medicaid identification card or the EVS to obtain the correct identification number.

Element 2 — Patient's Name

Enter the recipient's last name, first name, and middle initial. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 3 — Patient's Birth Date, Patient's Sex

Enter the recipient's birth date in MM/DD/YY format (e.g., February 3, 1980, would be 02/03/80) or in MM/DD/YYYY format (e.g., February 3, 1980, would be 02/03/1980). Specify whether the recipient is male or female by placing an "X" in the appropriate box.

Element 4 — Insured's Name (not required)

Element 5 — Patient's Address

Enter the complete address of the recipient's place of residence, if known.

Element 6 — Patient Relationship to Insured (not required)

Element 7 — Insured's Address (not required)

Element 8 — Patient Status (not required)

Element 9 — Other Insured's Name (not required)

Element 10 — Is Patient's Condition Related to (not required)

Element 11 — Insured's Policy, Group, or FECA Number (not required)

Elements 12 and 13 — Authorized Person's Signature (not required)

Element 14 — Date of Current Illness, Injury, or Pregnancy (not required)

Element 15 — If Patient Has Had Same or Similar Illness (not required)

Element 16 — Dates Patient Unable to Work in Current Occupation (not required)

Elements 17 and 17a — Name and I.D. Number of Referring Physician or Other Source (not required)

Element 18 — Hospitalization Dates Related to Current Services (not required)

Element 19 — Reserved for Local Use (not required)

Element 20 — Outside Lab? (not required)

Element 21 — Diagnosis or Nature of Illness or Injury

Enter the appropriate diagnosis code as follows:

- Enter V61.8 (other specified family circumstances) if the Family Questionnaire indicates the recipient to be high risk (a score of 70 or more points on the Family Questionnaire).
- Enter V61.9 (unspecified family circumstances) if the Family Questionnaire indicates the recipient is not high risk (a score of fewer than 70 points on the Family Questionnaire).

Element 22 — Medicaid Resubmission (not required)

Element 23 — Prior Authorization Number (not required)

Element 24A — Date(s) of Service

For services performed on more than one date of service (DOS) within the month, indicate the last date the service was performed. If billing for more than one month of activities, or more than one procedure code, use one detail line for each month's activities with the DOS determined as described below. Refer to Attachment 5 of this *Wisconsin Medicaid and BadgerCare Update* for examples.

Enter the month, day, and year for each procedure using the following guidelines:

- When billing for one DOS, enter the date in MM/DD/YY or MM/DD/YYYY format in the "From" field.
- When billing for two, three, or four DOS on the same detail line, enter the last DOS in MM/DD/YY or MM/DD/YYYY format in the "From" field.

Element 24B — Place of Service

Enter the appropriate two-digit place of service (POS) code for each service. Refer to Attachment 2 for a list of allowable POS codes for child care coordination services.

Element 24C — Type of Service (not required)

Element 24D — Procedures, Services, or Supplies

Enter the single most appropriate five-character procedure code.

Modifiers

Enter the appropriate modifier(s) in the "Modifier" column of Element 24D.

Element 24E — Diagnosis Code

Enter the number "1".

Element 24F — \$ Charges

Enter the total charge for each line item. Providers are required to bill Wisconsin Medicaid their usual and customary charge. The usual and customary charge is the provider's charge for providing the same service to persons not entitled to Medicaid benefits.

Element 24G — Days or Units

Enter the appropriate number of 15-minute time units for each line item (e.g., two hours and 10 minutes would equal 8.7 units). Always use a decimal (e.g., 2.0 units).

Element 24H — EPSDT/Family Plan (not required)**Element 24I — EMG (not required)****Element 24J — COB (not required)****Element 24K — Reserved for Local Use (not required)****Element 25 — Federal Tax I.D. Number (not required)****Element 26 — Patient's Account No. (not required)**

Optional — Providers may enter up to 20 characters of the patient's internal office account number. This number will appear on the Remittance and Status Report and/or the 835 Health Care Claim Payment/Advice transaction.

Element 27 — Accept Assignment (not required)**Element 28 — Total Charge**

Enter the total charges for this claim.

Element 29 — Amount Paid (not required)**Element 30 — Balance Due**

Enter the balance due as determined by subtracting the amount paid in Element 29 from the amount in Element 28.

Element 31 — Signature of Physician or Supplier

The provider or the authorized representative must sign in Element 31. The month, day, and year the form is signed must also be entered in MM/DD/YY or MM/DD/YYYY format.

Note: The signature may be a computer-printed or typed name and date, or a signature stamp with the date.

Element 32 — Name and Address of Facility Where Services Were Rendered (not required)**Element 33 — Physician's, Supplier's Billing Name, Address, ZIP Code, and Phone #**

Enter the name of the provider submitting the claim and the complete mailing address. Minimum requirement is the provider's name, city, state, and Zip code. At the bottom of Element 33, enter the billing provider's eight-digit Medicaid provider number.

ATTACHMENT 5

Sample CMS 1500 claim form for child care coordination services

HEALTH INSURANCE CLAIM FORM																																																																																																																											
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<div style="display: flex; justify-content: space-between;"> <div> 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <div style="border: 1px solid black; padding: 2px;">Recipient, Im A</div> </div> <div> 3. PATIENT'S BIRTH DATE <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YY</div> </div> </div> <div> 4. INSURED'S NAME (Last Name, First Name, Middle Initial) <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>																																																																																																																											
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<div style="display: flex; justify-content: space-between;"> <div> 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/> </div> <div> 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <div style="border: 1px solid black; padding: 2px;"></div> </div> <div> 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> 10d. RESERVED FOR LOCAL USE </div> <div> 11. INSURED'S POLICY GROUP OR FECA NUMBER <div style="border: 1px solid black; padding: 2px;"></div> </div> <div> 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. <div style="display: flex; justify-content: space-between;"> <div>SIGNED _____</div> <div>DATE _____</div> </div> </div> <div> 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. <div style="display: flex; justify-content: space-between;"> <div>SIGNED _____</div> <div></div> </div> </div> </div>																																																																																																																											
<div style="display: flex; justify-content: space-between;"> <div> 14. DATE OF CURRENT: <input type="checkbox"/> ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YY</div> </div> </div> <div> 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YY</div> </div> </div> <div> 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YY</div> TO <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YY</div> </div> </div>																																																																																																																											
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(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)